FORM D	UNITED STATESECURITIES AND EXCHAN Washington, D.C.	GE COMM	IISSION RECEIVED	Exp Est	OMB APPR IB Number: Dires: Ap imated average burd urs per response: 16	3235-0076 oril 30, 2008 den
07052272	FORM D NOTICE OF SALE OF S PURSUANT TO REGU SECTION 4(6), AI UNIFORM LIMITED OFFER	JLATION I ND/OR	210	007	SEC USE (Prefix DATE REC	ONLY Serial
Name of Offering (check if this Carlyle Multi-Strategy Filing Under (Check box(es) that appropriate the control of the check box (es) that appropriate the check if this check is checked in the check box (es) that appropriate the check is checked in the checked i	Partners, Ltd.				1391 .OE	7413
	A. BASIC ID	ENTIFIC	TION DATA			
Enter the information requested all		-BITTI TOP	UII DAIA			
Name of Issuer (check if this is a		and and inc	licate change)			
Carlyle Multi-Strategy	Partners, Ltd.		ncate change.)			
	er and Street, City, State, Zip Code s (Cayman Islands) Limited, C sox 31106 SMB, Grand Caym	Corporate		Telephone 1	Number (Including (212) 938-250	
Address of Principal Business Operat (if different from Executive Offices)	ions (Number and Street, City, Sta	ite, Zip Coo	ie)	Telephone 1	Number (Including	Area Code)
Brief Description of Business To	operate as a private investment	company.				
Type of Business Organization corporation	☐ limited partnership, already	formed	⊠ othe	er (please spec	ify): a Cayman Isla company	ınds exempted
business trust	limited partnership, to be fo	rmed				PROCESSE
Actual or Estimated Date of Incorpor		Month <u>01</u>	Year 07		☐ Estimated	MAY 0 1 2007
Jurisdiction of Incorporation or Orga	nization (Enter two-letter U.S. Pos CN for Canada; FN for o			State:	FN	THOMSON
GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an o When to File: A notice must be filed no Commission (SEC) on the earlier of the d was mailed by United States registered or Where to File: U.S. Securities and Exch Copies Required: Five (5) copies of this of the manually signed copy or bear typed Information Required: A new filing mainformation requested in Part C, and any SEC. Filing Fee: There is no federal filing fee. State: This notice shall be used to indicate relian have adopted this form. Issuers relying of state requires the payment of a fee as a pr appropriate states in accordance with stat Failure to file notice in the appropria	later than 15 days after the first sale of ate it is received by the SEC at the add certified mail to that address, ange Commission, 450 Fifth Street, N. a notice must be filed with the SEC, one or printed signatures. It contain all information requested. A material changes from the information on the Uniform Limited Offering E in ULOE must file a separate notice with econdition to the claim for the exemptical must be a superstant of the motice contains. The Appendix to the notice contains.	F securities in less given be which manufactured from the first securities a particular from the securities as par	gton, D.C. 20549, nust be manually signed only report tupplied in Parts A PLOE) for sales of ties Administrator the proper amount tof this notice and	otice is deemed at that address igned. Any cop he name of the and B. Part E a securities in the in each state which shall accompand must be completed.	filed with the U.S. Se after the date on which the date on which ies not manually signed issuer and offering, around the Appendix needs see states that have address also are to be, or you this form. This not is eted.	ed must be photocopies by changes thereto, the did not be filed with the copted ULOE and that have been made. If a ce shall be filed in the
notice will not result in a loss of an a						

	•				A. BASIC IDEN	TIFICATION DATA		
2.	Ent	er the information	n requ	ested for the	e following:			
	o	Each promoter	of the	issuer, if th	e issuer has been organized	within the past five yea	rs;	
	o	Each beneficia of the issuer;	l owner	r having the	power to vote or dispose,	or direct the vote or disp	position of, 10% or more o	f a class of equity securities
	o	Each executive	office	r and direct	or of corporate issuers and	of corporate general and	I managing partners of par	tnership issuers; and
	o	Each general a	nd man	aging partn	er of partnership issuers.			
Check E	Box(e	s) that Apply:		Promoter	Beneficial Owner	Executive Office	cer Director	General and/or Managing Partner
Full Na		ast name first, if		dual)				
Busines	s or F c/o	Residence Addres	ss vices (Cayman Is	r and Street, City, State, Zi lands) Limited, Corporate		ad, P.O. Box 31106 SMB	, Grand Cayman, Cayman
Check I		s) that Apply:		Promoter	☐ Beneficial Owner	Executive Office	cer 🗵 Director	General and/or Managing Partner
Full Na		ast name first, if entschildt, Chal-		dual)				
Busines	c/o	Residence Addres Citco Fund Ser ands, British We	vices (Cayman Is	r and Street, City, State, Zi lands) Limited, Corporate		ad, P.O. Box 31106 SMB	, Grand Cayman, Cayman
Check I		s) that Apply:		Promoter	Beneficial Owner	Executive Office	cer 🗵 Director	General and/or Managing Partner
Full Na		ast name first, if	`indivio	dual)				
Busines	c/o	Residence Addres Citco Fund Ser ands, British We	vices (Cayman Is	r and Street, City, State, Zi lands) Limited, Corporate		ad, P.O. Box 31106 SMB	, Grand Cayman, Cayman
Check I	Зох(е	s) that Apply:		Promoter	☐ Beneficial Owner	☐ Executive Office	cer Director	General and/or Managing Partner
Full Na	me (L	ast name first, if	individ	dual)				
Busines	s or F	Residence Addre	SS	(Numbe	er and Street, City, State, Zi	p Code)		
Check I	Зох(е	s) that Apply:		Promoter	☐ Beneficial Owner	Executive Office	cer Director	General and/or Managing Partner
Full Na	me (L	ast name first, if	indivi	dual)				
Busines	s or F	Residence Addre	ss	(Numbe	r and Street, City, State, Zi	p Code)		
Check I	Box(e	s) that Apply:		Promoter	☐ Beneficial Owner	Executive Office	cer Director	General and/or Managing Partner
Full Na	me (l	ast name first, if	indivi	dual)				
Busines	s or I	Residence Addre	ss	(Numbe	er and Street, City, State, Zi	p Code)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

					В. 1	NFORMA	TION ABO	OUT OFFE	RING				
	A What is	nswer also the minim	in Append um investm	ix, Columr ent that wi	n 2, if filing Il be accep	, to non-acc gunder UL- eted from ar ectors to acc	OE. 1y individu	al				No ⊠ 000,000+	
4.	Enter th remuner agent of	e informati ation for se a broker o to be listed	on request olicitation of r dealer reg	ed for each of purchase sistered wit	person whers in connects the second the seco	ection with and/or witl	or will be sales of se h a state or	paid or give curities in t states, list t	en, directly he offering the name of	or indirect . If a perso the broker	ly, any con n to be list or dealer.	mission or	ociated person or in five (5)
Full Nan	ne (Last	name first,	if individu	al)									
Business	or Resi	dence Add	ress (Numb	er and Str	eet, City, S	tate, Zip Co	ode)						
Name of	Associa	ted Broker	or Dealer										
			ed Has Soli or check ind			olicit Purch	asers				<u>.</u>	☐ All	States
[AL] IL] MT] RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Nan	ne (Last	name first,	if individu	al)									
Business	or Resi	dence Add	ress (Numb	er and Str	eet, City, S	tate, Zip Co	ode)			,			
Name of	Associa	ited Broker	or Dealer										
			ed Has Soli or check inc			olicit Purch	asers				,	☐ All	States
[AL] IL] MT] RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] (MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Nar	ne (Last	name first,	if individu	al)					,				
Business	or Resi	dence Add	ress (Numb	er and Str	eet, City, S	tate, Zip Co	ode)				- "-		
Name of	Associa	ited Broker	or Dealer	1114									
			ed Has Soli or check ind			olicit Purch	asers					☐ All	States
[AL] IL] MT] RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	{ID] [MO] [PA] {PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already so "none" or "zero". If the transaction is an exchange offering, check this box [] and indicate in the co the securities offered for exchange and already exchanged.	old. Enter "0" if a lumns below the a	insw imou	er is ints	of
		Aggregate Offering			Amount Already
	Type of Security	Price		\$ (Sold
	Debt		_	_	•
	Equity	\$1,000,000,000	_	3	73,700,000
	[x] Common [] Preferred	¢Λ		e.	1
	Convertible Securities (including warrants)		_	\$(,
	Partnership Interests		_	\$(· · · · · · · · · · · · · · · · · · ·
	Other (Specify)		_	\$(•
	Answer also in Appendix, Column 3, if filing under ULOE.	\$1,000,000,000	<u></u>	\$	73,700,000
	amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have p aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	es an		aggregate Dollar Amount of Purchases
	Accredited Investors.	. 4		\$1	73,700,000
	Non-accredited Investors			\$ (
	Total (for filing under Rule 504 only)		_	\$	
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this off type listed in Part C - Question 1.		curit		
	Type of Offering	Secur			Amount Sold
	Rule 505	· · · · · · · · · · · · · · · · · · ·		_	<u>\$</u>
	Regulation A	•	<u>.</u>	_	\$
	Rule 504			_	\$
	Total				\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securitie amounts relating solely to organization expenses of the issuer. The information may be given as subjet the amount of an expenditure is not known, furnish an estimate and check the box to the left of the est	ect to future conti			
	Transfer Agent's Fees		[)	\$0
	Printing and Engraving Costs	***************************************	[X]	\$*
	Legal Fees		[X]	\$*
	Accounting Fees	• • • • • • • • • • • • • • • • • • • •	[X]	<u>\$*</u>
	Engineering Fees		[]	\$0
	Sales Commissions (specify finders' fees separately)	*******	[]	\$0
	Other Expenses (identify)		[X	ı	\$ *
	Other Expenses (Identity)		١ ^	1	J.

	b. Enter the difference between the aggregate offering price giver expenses furnished in response to Part C - Question 4.a. This diffissuer."	ference is th	ie "adj	usted	gross proceeds to	the		\$999,750,000
5.	Indicate below the amount of the adjusted gross proceeds to the is purposes shown. If the amount for any purpose is not known, fur estimate. The total of the payments listed must equal the adjusted C - Question 4.b above.	nish an esti	mate a	ınd ch	eck the box to the	left	of the	
					Payments to Officers, Directors, & Affiliates			Payments to Others
	Salaries and fees		[]	\$	I]	\$
	Purchase of real estate		I]	\$	[]	\$
	Purchase, rental or leasing and installation of machinery and equi	pment	ĺ]	\$	[]	\$
	Construction or leasing of plant buildings and facilities		[]	<u>\$</u>	[)	\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assessecurities of another issuer pursuant to a merger)	ets or	[l	\$. [}	\$
	Repayment of indebtedness		[]]	<u>\$</u>]	\$
	Working capital		[}	\$	1]	\$
	Other (specify): Investments in Carlyle Multi-Strategy Master Fund, Ltd.		ł	x]	\$999,750,000	I]	\$
	Column Totals		ĺ	x]	\$999,750,000	I]	\$
	Total Payments Listed (column totals added)				[x] <u>\$</u>	999,	750,0	000
_	D. FEI	DERAL SIC	NAT	URE				
igi	issuer has duly caused this notice to be signed by the undersigned nature constitutes an undertaking by the issuer to furnish to the U.S armation furnished by the issuer to any non-accredited investor pure	S. Securities	and E	exchai	nge Commission, t	filed upon	unde writt	er Rule 505, the following en request of its staff, the
İssı	er (Print or Type)	Signature	///					Date
Carlyle Multi-Strategy Partners, Ltd.								13 April 07
Vai	ne of Signer (Print or Type)	Title of Sig	ner (P	rint o	r Type)			,
201	ott P. Lennon	Director						

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 10001.)

	· · · · · · · · · · · · · · · · · · ·	E SIGNATURE							
1.			Yes No						
	See Appendix, Column 5, for	state response. Not applicable							
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law. Not applicable								
3.	The undersigned issuer hereby undertakes to furnish to the state a offerees. Not applicable	dministrators, upon written request, information	furnished by the issuer to						
4.	4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. Not applicable								
	he issuer has read this notification and knows the contents to be indersigned duly authorized person.	true and has duly caused this notice to be si	gned on its behalf by the						
Iss	suer (Print or Type)	Signature	Date						
<u>C</u> a	arlyle Multi-Strategy Partners, Ltd.	1/10H /mm	13 April 07						
Na	Name (Print or Type) Title (Print or Type)								

Director

Instruction:

Scott P. Lennon

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

			CARLYLE	MULTI-STRA	TEGY PARTI	VERS, LTD.					
1	2	2 3 4							plicable fication		
	Intend to non-acc investo Sta (Part B-	redited ors in te	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of i	Type of investor and amount purchased in State (Part C-Item 2)						
State	Yes	No	Class A & B Shares per value U.S. \$0.001 per Share \$1,000,000,000	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No		
AK											
AL											
AR											
AZ											
CA											
СО											
СТ											
DC											
DE											
FL											
GA											
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NC											

SEC 1972 (1/94)

APPENDIX

• •			CARLYLE		TEGY PARTN	NERS, LTD.							
1	2	2	3		5 Not Applicable Disqualification								
	Intend to non-acconnects invest Sta (Part B-	redited ors in ate	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of i	Type of investor and amount purchased in State (Part C-Item 2)								
State	Yes	No	Class A & B Shares per value U.S. \$0.001 per Share \$1,000,000,000	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No				
ND													
NE	ļ		- · · · · · · · · · · · · · · · · · · ·										
NH								····-					
ŊJ													
NM	<u> </u>					•							
NV													
NY		X	X	1	\$64,000,000	0	0						
ОН		ļ											
OK													
OR	<u> </u>												
PA													
PR								.					
RI													
SC							_						
SD													
TN		.,			50 500 000								
TX		X	X	3	\$9,700,000	0	0						
UT									 				
VA													
VI	<u> </u>	-											
VT	ļ <u>-</u>	-											
WA													
WI	<u> </u>	<u> </u>											
WV	<u> </u>	ļ											
WY					l		<u> </u>		1				

